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Testimony to the Little Hoover Commission
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Katie A v. Bontá

The plaintiffs in *Katie A v. Bontá* are children who have been failed by both the child welfare system and the mental health system. In the words of this Commission, they have been "let down by the system intended to be their refuge." NOW IN OUR HANDS: CARING FOR CALIFORNIA'S ABUSED & NEGLECTED CHILDREN (1999). These children have endured traumatic circumstances but have not received the support and mental health services they need to cope with these experiences. The child welfare system has inflicted additional abuse. For example, many children have experienced multiple placements - twenty-five placements in two and a half years for one eleven-year-old girl, twelve placements in fourteen months for a nine-year-old boy, twenty-eight placements in three years for a sixteen year old, thirty-seven placements in ten years for a fourteen year old - often in inappropriate congregate care settings such as MacLaren Children's Center, the Los Angeles children's shelter.

These system failures have taken a terrible toll. Institutional care and frequent moves have exacerbated the emotional and mental health problems these children experience. Developmental and educational growth has been stalled or reversed. For example, one teenager was above grade level, reading at the eighth grade level when she was nine years old. Now, five years later, she is reading at the seventh grade level. At this point in their lives, these children need intensive mental health treatment, but earlier attention to their individual needs could have avoided or diminished the problems they are experiencing today. Again, in the words of this Commission,

With prevention and early intervention, many mental health problems could be avoided, reduced or resolved. Alternatively, inadequate care leads to a worsening of symptoms, with costlier consequences requiring more expensive resources.

YOUNG HEARTS & MINDS: MAKING A COMMITMENT TO CHILDREN'S MENTAL HEALTH (2001).

We know, and have known for a long time, what we need to do. Good child welfare and mental health practice and legal mandates provide a consistent

framework. We know that a family and community support are crucial to a child's long-term success, and yet we often remove children from their families and communities and place them in group or institutional care. We know that child centered, family focused, assessment and planning are essential, and yet current practice too often fails to start with the needs of the child or to include the child's family and support system in decision making. We know that strength based services and support are important, yet we often focus on problems - frequently blaming the child for these problems rather than addressing them. We know that stability is essential to child development and that multiple moves are harmful, and yet we fail to make placements that will meet the child's needs and to support care givers when difficulties arise - all too often throwing up our hands and dumping a child in the next available bed rather than creating the services the child needs over the long term.

This case seeks a very simple solution - compliance with good practice and existing law. Federal and state child welfare law require assessment and case planning based on the needs of the child and the family, with placements in the least restrictive, most family-like setting consistent with the child's best interest and special needs. California child welfare agencies are required to monitor the physical and emotional development of all foster children, provide services that meet the child's needs, arrange for health care (including mental health services), and continually assess the quality of care the child receives and the effectiveness of services provided. The California Department of Social Services and the counties are charged with developing an array of child welfare services based on the needs of the child and family as identified in the case plan.

Federal and state law also require that children receive comprehensive health care, including the mental health services they need. Mandated care under the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) includes screening and diagnosis that encompass a complete developmental assessment, as well as preventive care and treatment to address identified needs. Compliance with these legal requirements should produce a system with the capacity to provide flexible

individualized support and services to help children stay with their own families or to live in another family setting when remaining home is not a safe option.

The solution does not need to be expensive. Although sufficient resources are necessary, we need to reevaluate the way we are spending current funds. For example, Los Angeles spends a significant amount of money on mental health services at MacLaren, but does not ensure that services are available to support family care in the community. Children are often placed in expensive group settings, when family care with appropriate services would cost the same or less and would bring additional dollars through federal financial participation (FFP). For example, a recent grand jury report found the annual cost of operating MacLaren to be \$41.2 million or \$757 per child per day, with higher costs projected for FY 2002-2003. None of this cost is eligible for Title IV-E FFP because MacLaren does not meet federal placement criteria. Good case work and service design based on the needs of children and families do not have to cost more. However we do need to ensure that our resources and policy decisions are consistent with our child welfare goals, good social work and mental health practice, and the requirements of the law.

The California legislature has articulated the goals for the child welfare system. They include using the strength of families and communities to serve the needs of children who are abused or neglected, reducing the need to remove children from their families, encouraging speedy reunification when it can be done safely and finding permanent homes for children who cannot return, reducing the number of placements children experience, ensuring community support for children when they leave foster care, improving the quality and homelike nature of out-of-home care, and fostering educational progress. Welfare and Institutions Code §16500.1. These goals are achievable with strong leadership and a consistent commitment to keeping them in the forefront of policy, practice, and funding decisions.